

1

. nfm

Interred 3 April 1950
F 2 108 Ft. McKinley

Carl H. Mark

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 81216

DATE
29 03 50
DAY MONTH YEAR

NAME UNKNOWN X - 244 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY MANILA NO. 2, P. I. PLOT 2 ROW 9 GRAVE 1139 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-244 SERIAL NUMBER GRADE DATE OF DEATH 16 Feb 1945 DATE DISTINTERRED 9/29/48 IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY ALEXANDER P. PETTICE Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
2 tags UNK X-727 Maus.

REMAINS PREPARED AND PLACED IN CASKET
DATE 9/29/48 BY ALEXANDER P. PETTICE

CASKET SEALED BY ALEXANDER P. PETTICE EMBALMER (Signature) s/ Alexander P. Pettice

CASKET BOXED AND MARKED DATE 9/29/48 BY RAYMOND H. TANGUAY, Sgt 1c RA SHIPPING ADDRESS VERIFIED BY CORSINE C. KAYANAN, 1st Lt., Inf.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

s/ Corsine C. Kayanan, 1st Lt., Inf.
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NAF
FILE
RECORDS ANNOTATED
DATE 27 April 1950
NAME G. Pyles
Report BR. MEM. DIV. file

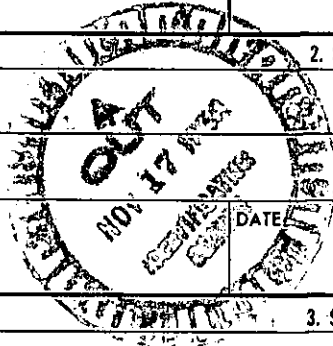
RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll</i>	DATE APR 3 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7747 81216

29 03 50
DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWN X - 244

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO. 2, P. I.

2

9

1139

7701

80

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

NAT
FILE
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORDS ANNOTATED
D. E. O. [Signature]
DATE [Signature]
1950

Incl # 50

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Navy Liaison Section Repat Br Mem Div	Ident Branch	20 Feb 1950	<p>SUBJECT: Identification of WW II Deceased</p> <ol style="list-style-type: none"> 1. Enclosed correspondence is returned herewith. 2. All efforts to associate Unknown X-727 with a Navy decedent have yielded negative results. The dental charts of casualties whose names correspond with the initials, or variations thereof, described in enclosed correspondence, were compared with the dental chart on reverse of OQMG Form 1042 of Unknown X-727 and associations could not be confirmed. <p style="text-align: right;"><i>W.H.</i> MARSDEN 73880</p> <p>3 Incls:</p> <ol style="list-style-type: none"> 1. Ltr to PhilCom Zone dtd 12 December 1949 2. 1st Ind fr PhilCom Zone dtd 3 January 1950 3. Jacket 242-244 Manila #2 <p style="text-align: right;"><i>File 15 Aug 50 Alba Serrano</i></p>

AIRMAIL

293 Und. P.I. X-727 (Maus. Manila)

X
QUART 293
GPS Far East

12 December 1949

SUBJECT: Identification of World War II Deceased

**TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California**

1. Enclosed herewith as an aid in establishing the identification of Unknown X-727, AGRS Mausoleum, Manila, P.I., formerly Unknown X-244, USAF Cemetery Manila #2, copy of a letter from Army Effects Bureau, dated 11 August 1949, file QSDKG 890702, Subject: Disposal of Personal Effects.

2. The above information is forwarded in view of the fact that storage and burial reports on file in this Office do not indicate that the personal effects were recovered with the remains.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Cpy ltr, AEB, dtd 11 Aug 49

T. H. METZ
Lt. Colonel, QMC
Memorial Division

dl R&B
REB
TEC

G. Reynolds:dl
L. H. White:mw
J. Windsor

Cpy furnished: CINCPAC, APO 500

310
X293 Und. P.I. X-244 (Manila)

AIRMAIL

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 890702

HDC/AID/HJ
11 August 1949
DATE

SUBJECT: Disposal of Personal Effects

TO: The Quartermaster General
Memorial Division
Washington 25, D. C.

1. Personal effects found on remains interred as Unknown X - 727
Plot Unk , Row _____ , Grave _____ , USMC AGRS Mausoleum,
Manila, P.I. have been held at this Bureau as of 29 July 1949.

2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 yellow metal class ring with initials believed to be AH or A, initials inside VK

(formerly Unk 244, Manila #2)

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CAIDWELL
Effects Quartermaster

C O P Y

C O P Y

AIR MAIL

WJ

GRPZ 293 1st Ind
(12 December 1949)
SUBJECT: Identification of World War II Deceased

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE,
APO 900, 3 January 1950

TO: The Quartermaster General, Department of the Army, Washington
25, D.C., ATTN: Memorial Division

1. An investigation to establish the identification of Unknown
X-727, AGRS Mausoleum, Manila, P.I., resulted in the following findings:

a. The Unknown deceased was KIA-mine concussion (drowning)
16 February 1945, at Mariveles Bay, Luzon, P.I.

b. The initial Report of Interment indicates probable
organization of the deceased as U.S. Navy.

2. Since casualty records available this Headquarters are incomplete,
it is requested that your Office furnish us with OQMG Forms 371 for
decedents with initials "AH or "VK" and whose circumstances of death agree
with those of the Unknown deceased.

FOR THE COMMANDING OFFICER:

1 Incl: w/d

John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

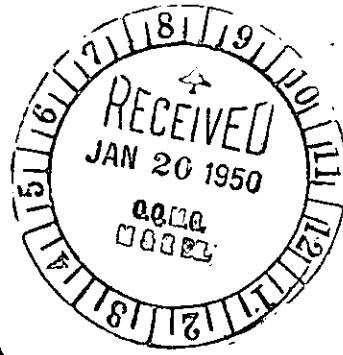
*File 22 Mar 50
A.C. King, 1st Sec.*

093 WAF P.O. X-727 (Manila) (Memorial)

WJ

AIR MAIL

FEB 16 3 44 PM '50
MEMORIAL DIVISION



DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGT 293
GRS Far East

12 December 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Enclosed herewith as an aid in establishing the identification of Unknown X-727, AGRS Mausoleum, Manila, P.I., formerly Unknown X-244, USAF Cemetery Manila #2, copy of a letter from Army Effects Bureau, dated 11 August 1949, file QIDKG 890702, Subject: Disposal of Personal Effects.

2. The above information is forwarded in view of the fact that storage and burial reports on file in this Office do not indicate that the personal effects were recovered with the remains.

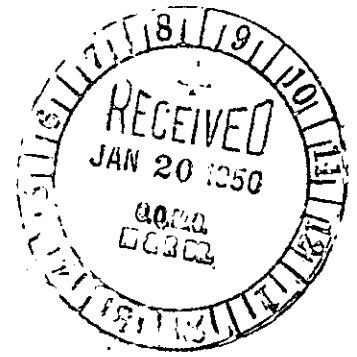
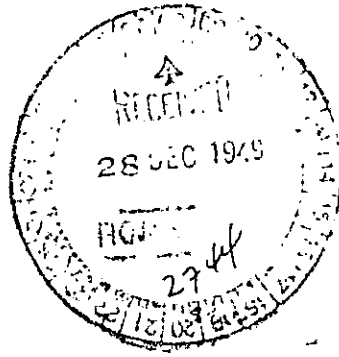
FOR THE QUARTERMASTER GENERAL:

1 Incl
Cpy ltr, AEB, dtd 11 Aug 49

T. H. Metz
T. H. METZ
Lt. Colonel,
Memorial Division

*File 27 Mar 50
A.C. King (D. Sec.)*

13 13 2 33 PM '49
RECEIVED



DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 890702

HOC/AID/mj
11 August 1949
DATE

SUBJECT: Disposal of Personal Effects

TO: The Quartermaster General
Memorial Division
Washington 25, D C.

1. Personal effects found on remains interred as Unknown X - 727
Plot Unk, Row _____, Grave _____, USMC AGRS Mausoleum,
Manila, PI. have been held at this Bureau as of 29 July 1949

2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 yellow metal class ring with initials believed to be AH or A, initials inside VK

(formerly Unk 244, Manila #2)

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster

FILE UNDER NO. 293 *Unk X-244* P. I. Manila #2

INDEX SHEET

SYNOPSIS

2nd Ind.

4 Sept. 1946

FROM: HQORS., U S ARMED FORCES CEM MANILA #2, APO 358,
TO: Sector Commander, ~~AF~~ AORS-PATA, IIG AFWESPAC, APO 709

SUBJ: Burial Information, re: Musolino, Matthew D. 20130787.

DOCUMENT FILED UNDER NO. 293 - Musolino, Matthew D. 20 130 787

rtb

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

4 March 1950

(Date)

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General,
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

The records pertaining to Unknown X-244, Plot 2,
Row 9, Grave 1139, USMC Manila #2, Luzon, P.I., have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

H. C. McNemar
H. C. McNEMAR
Captain, QMG
Chief, Records Branch

Received 23 March 1950 QMG

Not identifiable from
information presently
available

Lewis J. Br.
28 March 1950

2-15'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-727 (Formerly X-244 Manila #2)			2. DATE OF REPORT 4 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 801	5. ROW F	6. GRAVE 1431	7. DATE OF
				DISINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 5"	10. COLOR OF HAIR U T D	11. RACE White
-------------------------------------	-------------------------------------	-----------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

N O N E

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Imber

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	X		$\frac{A}{d}$	$\frac{A}{o}$	X	X	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	X	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	X	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$
Side Views																	
Top Views																	
Side Views																	
	$\frac{A}{o}$	$\frac{A}{of}$	X		$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{A}{mos}$	X	$\frac{A}{of}$	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

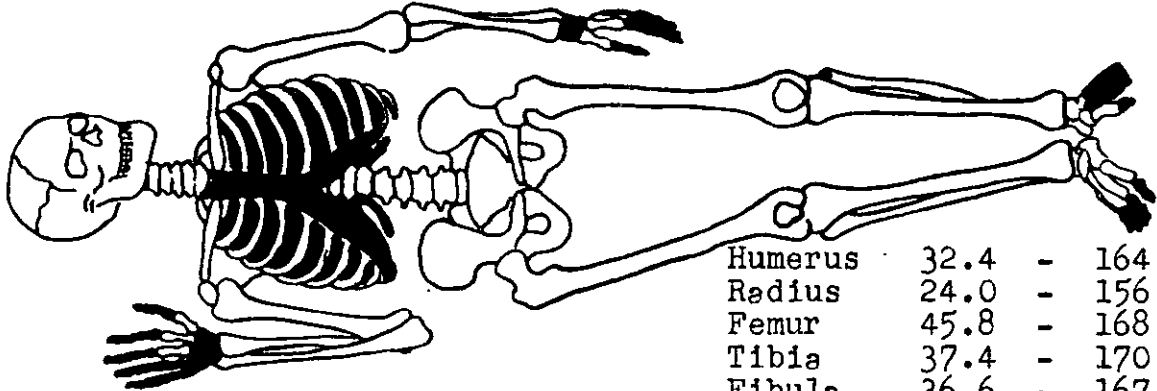
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

PAUL R NICHOLS
Chief, Identification Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED,



Humerus	32.4	-	164
Radius	24.0	-	156
Femur	45.8	-	168
Tibia	37.4	-	170
Fibula	36.6	-	167
Ulna	25.6	-	165
			6/990

Estimated height 5' 5"

165

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 20 inches.

Estimated weight of remains - 10½ lbs.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE


WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

APR 5-1948

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815) STORAGE

DATE OF REPORT

15 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-727 (Formerly UNK X-244
USAF Cem Manila #2, Luzon, P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Mariveles Bay,
Luzon, P.I.

CAUSE OF DEATH

KIA - Mine Concussion (Drowning)

DATE OF DEATH

16 Feb 45

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. HANGER	ROW No. BAY	GRAVE No. CRYPT
13 Oct 47	10:00	Casket	None	801	F	1431

WAS THIS A REBURIAL?
(Yes or no) RESTORED

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cem Manila #2, Luzon, P.I.

PLOT No.	ROW No.	GRAVE No.
2	9	1139

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED

ANDERSON, Harry J.

RANK

Sgt.

SERIAL No.

37066070

ORGANIZATION

Co. L.
63rd Inf.

GRAVE No. CRYPT

1433

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED

UNKNOWN X-746

RANK

SERIAL No.

ORGANIZATION

GRAVE No. CRYPT

1429

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPYO 2d Lt., Inf.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Spec 645

Section 3. UNIDENTIFIED REMAINS.


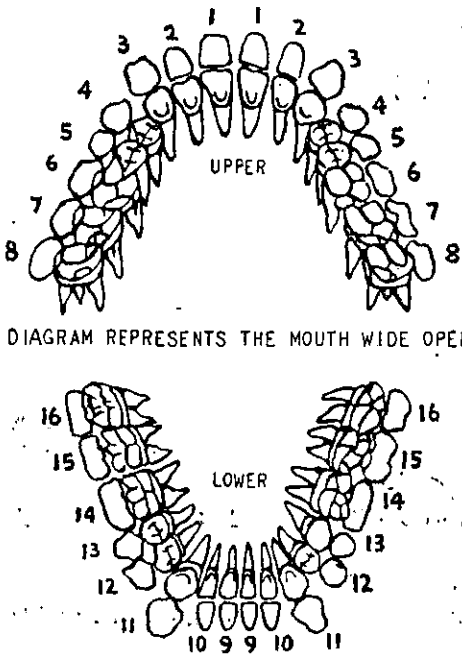




INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

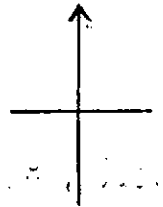
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Identification Check List and Dental Chart accomplished, previously.

23 DEC 1947

RESTRICTED

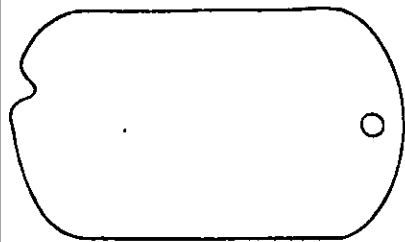
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

7 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOW X-241 (USAF Cem. Manila 2)

UNKNOWN X-6 (USAF Cem. Mariveles No. 1)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Mariveles Bay,
Luzon, P.I.

CAUSE OF DEATH

KIA-Mine Concussion, Drowning

DATE OF DEATH

16 Feb. 45

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes -2

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY

Walter H. Cooper
WALTER H. COOPER
Captain, QMC

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cem. Manila No.2, Luzon, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Dec 45	0900	Shelter half	Cross	2	9	1139

WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cem. Mariveles No.1, Bataan, Luzon

PLOT No.	ROW No.	GRAVE No.
1	4	109

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

UNKNOWN X-241 (USAF Cem. Manila No.2)

UNKNOWN X-7 (USAF Cem. Mariveles No.1)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1138

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

DILLON, Cornell

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1140

SIGNATURE OF PERSON PREPARING REPORT

/s/t/ R. C. BARRETT, T/4 GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

/s/t/ E. M. MCORE, 1st Lt., QMC

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:






(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

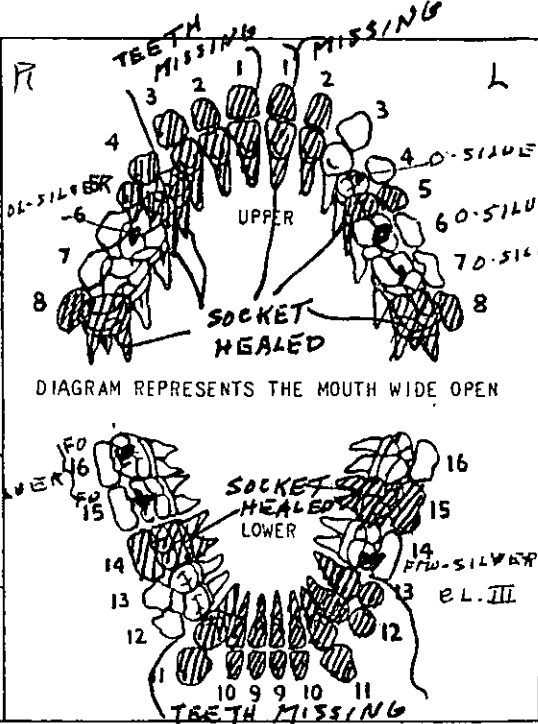
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE



TEETH MISSING MISSING

SOCKET HEALED

UPPER

LOWER

SILVER

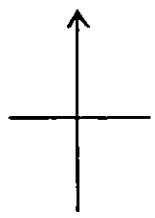
GOLD

P.L. III

TEETH MISSING

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GRS Bottle with body

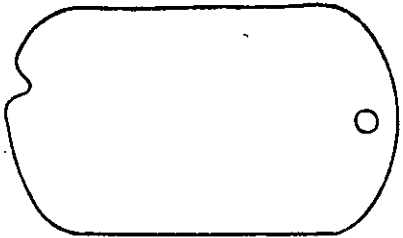
RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

7 Jan 46

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-244 (USAF Cem Manila #2, UNKNOWN X-6 (USAF Cem Mariveles #1)</p>		<p>SERIAL NO.</p>
	<p>GRADE</p>	<p>ORGANIZATION</p>	<p>BRANCH OF SERVICE</p>
	<p>RACE</p>	<p>RELIGION</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

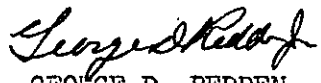
<p>PLACE OF DEATH Mariveles Bay, Luzon, P.I.</p>	<p>CAUSE OF DEATH KIA-Mine Concussion, Drowning</p>	<p>DATE OF DEATH 16 Feb. 45</p>
--	---	-------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes-2</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY:

 GEORGE D. REDDEN, JR.
 Captain, Inf.

Section 2.—BURIAL. *If other than in established cemetery, furnish sketch and map coordinates on reverse.*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cem Manila #2, Luzon, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Dec. 45	0900	Shelter Half	Cross	2	9	1139

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p align="center">USAF Cem Mariveles #1, Bataan, Luzon, P.I.</p>	<p>PLOT No. 1</p>	<p>ROW No. 4</p>	<p>GRAVE No. 109</p>
---	---	-----------------------	----------------------	--------------------------

<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-243 (USAF Cem Manila #2) UNKNOWN X-7 (USAF Cem Mariveles #1)</p>	<p>RANK</p>	<p>SERIAL No.</p>	<p>ORGANIZATION</p>	<p>GRAVE No. 1138</p>
--	-------------	-------------------	---------------------	---------------------------

<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) DILLON, Cornell</p>	<p>RANK</p>	<p>SERIAL No.</p>	<p>ORGANIZATION</p>	<p>GRAVE No. 1140</p>
--	-------------	-------------------	---------------------	---------------------------

<p>SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT T/4 GRS.</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ E. L. MOORE, 1st Lt. QMC</p>
--	---

DISTRIBUTION OF REPORT: *Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.*

RESTRICTED

Inc # 5

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


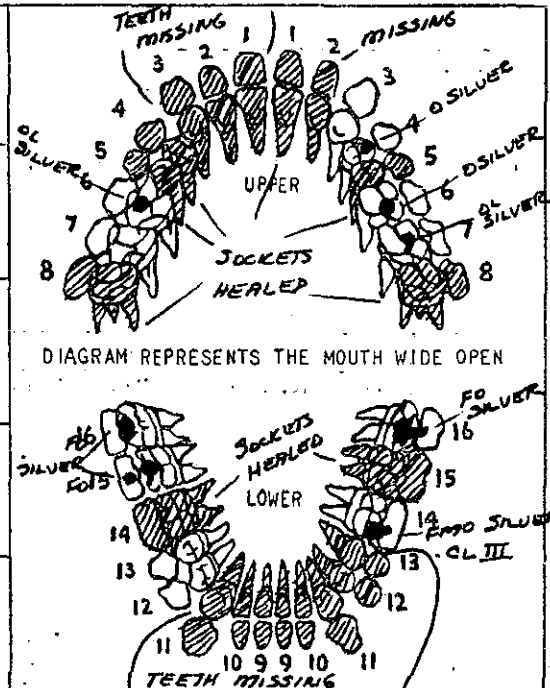




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

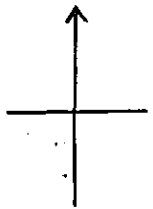
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GRS. bottle with body

RX

RESTRICTED

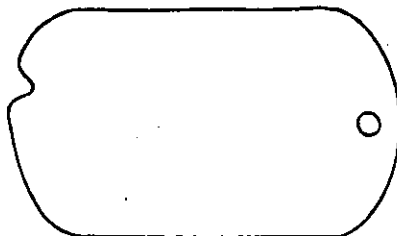
U-65-065

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
7 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-244 (USAF Com Manila #2)
UNKNOWN X-6 (USAF Com Marivolos #1)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH
Marivolos Bay, Luzon,
P.I.

CAUSE OF DEATH
KIA-Mine Concussion, Drowning

DATE OF DEATH
16 Feb. 45

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes-2

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Gold 1403

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Com Manila #2, Luzon, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Dec. 45	0900	Shelter half	Cross	2	9	1139

WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY	PLOT No.	ROW No.	GRAVE No.
USAF Com Marivolos #1, Bataan, Luzon, P.I.	1	4	109

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X243 (USAF Com Manila #2)				1138
UNKNOWN X-7 (USAF Com Marivolos #1)				

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
DILLON, Cornell				1140

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT 1/4 GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. MOORE 1st Lt. QMC

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Gold 83'

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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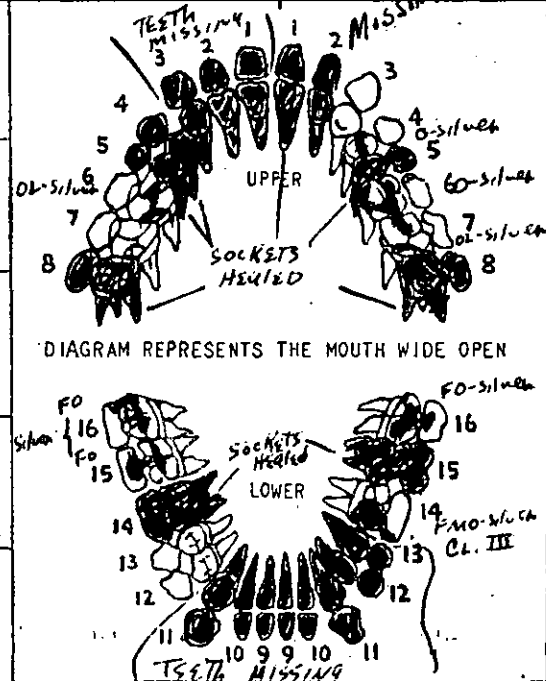




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

1 FEB 1946

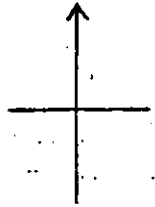
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	<p align="center">ALL Fillings Silver</p>  <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

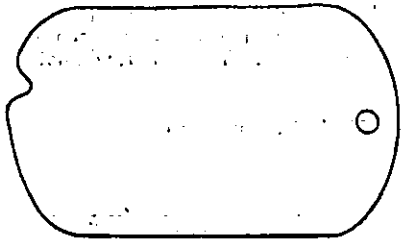
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GRS. bottle with body

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 7 Jan 46			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) UNKNOWN X-244 (USAF Cem. Manila 2) UNKNOWN X-6 (USAF Cem. Mariveles 1)				SERIAL NO.			
		GRADE		ORGANIZATION		BRANCH OF SERVICE			
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Mariveles Bay, Luzon, P.I.		CAUSE OF DEATH KIA-Mine Concussion, Drowning				DATE OF DEATH 16 Feb. 45			
EMERGENCY ADDRESSEE (Name, relationship, and address)									
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)							
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes -2									
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None									
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.									
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cem Manila No.2, Luzon, P.I.									
DATE OF BURIAL 13 Dec 45		HOUR 0900		BURIED IN (Shroud, blanket, or name of other) Shelter Half		TYPE OF GRAVE MARKER Cross	PLOT NO. 2	ROW NO. 9	GRAVE NO. 1139
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Mariveles No.1, Bataan, Luzon, P.I.							
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-241 (USAF Cem. Manila 2) UNKNOWN X-7 (USAF Cem. Mariveles 1)				RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 1138		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) LILLON, Cornell				RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 1140		
SIGNATURE OF PERSON PREPARING REPORT /s/t/ R.C. BARRETT, T/4. GRS				SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ E. M. MOORE, 1st Lt., QMC					
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.									

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


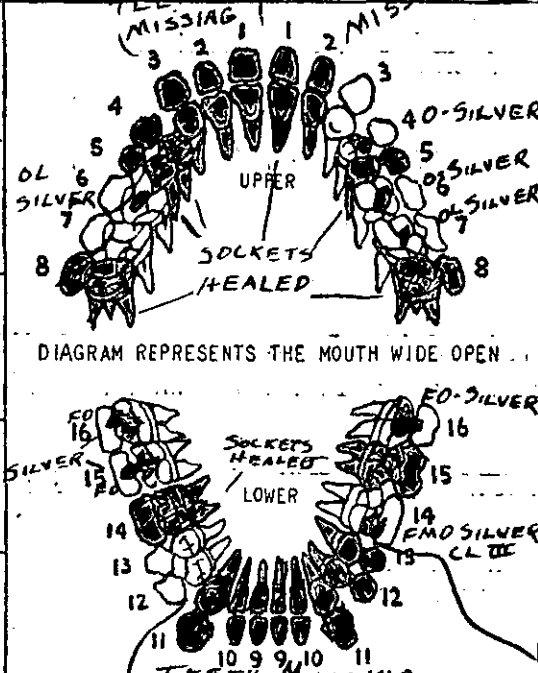




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

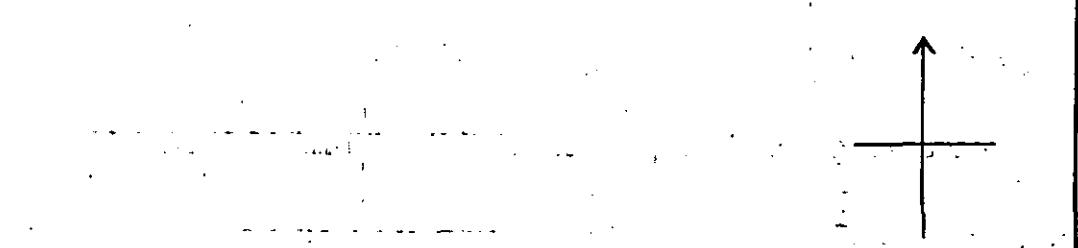
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING	<p align="center">TEETH MISSING</p>  <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GRS Bottle with body

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

Unknown X-6

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Mariveles Bay, Luzon, P.I.	16 Feb 1945	KIA	mine	Concussion, drowning	
(Place of death)	(Date of death)	(Cause of death)			
1345 21 Feb 1945	USAF Cemetery Mariveles No.1, Bataan, Luzon, P.I				
(Time and date of burial)	(Name of cemetery)	(Name or co-ordinates of location)			

109

4

Y

Regulation Cross

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body

Yes

No

Attached to marker

Yes

No

Religion

A TRUE COPY

ROI buried w/body, stamped tag attached to marker.

(If no identification tags, what means of identification are buried with the body?)

GEORGE D. REDDEN JR

1st Lt., Inf

(If no identification tags, but identity definitely established, give particulars)

Body buried on **RIGHT** Ruggio, Pasquale A 11063731 Pfc. Co F. 503 FrchtInf 110

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on **LEFT** Unknown X-5

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

108

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same:

None

U.S. 6²

IF DECEASED UNIDENTIFIED

Unable to obtain fingerprints due to condition of body
TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79;
3/19/43). If unable to obtain a complete set of fingerprints, **TAKE
THOSE YOU CAN**, and fill in as many of the following as you are
able :

Height : 5'10"
Weight : 170
Color of eyes :
Color of hair :
Race :

Apparent nationality :
Laundry marks :
Number of rifle :
Wear glasses ?
Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles de-
formities, etc. :

Upper Lt Tooth No.1, missing, Upper Rt No.4 Missing.
Lower Lt To. 14 Missing

Note below any identifying clues found, such as letters, photographs,
probable organization of deceased, etc. :
Probable orgn: US Navy

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH
OF THE LOCATION, ORIENTED WITH PERMANENT
LANDMARKS.**

/s/ Cpl Michael Sipinskas
.....
(Signature of officer or other person reporting burial)

/s/ Capt. James A. Wonder, Ch.
.....

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

A TRUE COPY

THUMB

J. S. Bryan
1st Lt., GRC

RIGHT HAND

4

3

2

1

THUMB

Graves Registration
Form No. 1
(Revised May 11, 1943)

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

Unknown X-6

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Mariveles Bay, Luzon P.I. **16 Feb 1945** **KIA Mine Concussion, drowning**
 (Place of death) (Date of death) (Cause of death)
1345 21 Feb 1945 **USAF Cemetery Mariveles No. 1, Bataan, Luzon P.I.**
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

109 **4** **1** **Regulation Cross**
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)
 Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Religion.....

CERTIFIED TRUE COPY **ROI buried w/body, stamped tag attached to marker**

Paul J. Tomm (If no identification tags, what means of identification are buried with the body?)

P. J. TOMM, Capt., OMC

(If no identification tags, but identify definitely established, give particulars) **Co. F 503d**

Body buried on **RIGHT** **Ruggio, Pasquale A.** **11063731** **Pfc** **Prcht Inf** **110**
 (Name) (Serial number) (Rank) (Organization) (Grave number)
 Body buried on **LEFT** **Unknown X-5** **108**
 (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same: **None.**

Unable to obtain fingerprints due to condition of body
IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height : 5'10"

Apparent nationality :

Weight : 170

Laundry marks :

Color of eyes :

Number of rifle :

Color of hair :

Wear glasses ?

Race :

Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc. : Upper Lt Tooth #1, missing, Upper Rt #4 Missing. Lower Lt #14 Missing

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

Probable orgn: US Navy.

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

/s/ Cp Michael Sipinskas

(Signature of officer or other person reporting burial)

/s/ Capt James R. Wonder, Ch

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RESTRICTED

CONFIDENTIAL

30 June 45

U 65

Graves Registration

Form No. 1

REPORT OF INTERMENT

(Revised May 11, 1943)

(TM 10-630 and AR 30-1815)

Unknown X-6

(Last name) (First) (Initial) (Serial No.) (Rank) (Org.)

Mariveles Bay, Luzon P.I. 16 Feb 1945 KIA Mine concussion, drowning

(Place of Death) (Date of Death) (Cause of Death)

1345 21 Feb 1945 USAF Cemetery Mariveles No.1, Bataan, Luzon P.I.

(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

109 4 1 Regulation Cross

(Grave number) (Row number) (Plot number) (Type of marker)

Disp. of ident. tags: Buried w/body: Yes No Attached to marker Yes No

ROI buried w/body, stamped tag attached to marker Religion

(If no identification tags, what means of identification are buried with body?)

(If no identification tags, but identity definitely established, give particulars)

/ Body buried on RIGHT Ruggio, Pasquale A. 11063731 Pfc Co F, 503 Precht Inf

(Name) (Serial No.) (Rank) (Org.) (Grave No.)

Body buried on LEFT Unknown X-5 108

(Name) (Serial No.) (Rank) (Org.) (Grave No.)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

(21)

None

720 / inc / # 229

RESTRICTED

IF DECEASED UNIDENTIFIED

Unable to obtain fingerprints due to condition of body.

TAKE FINGERPRINTS OF BOTH HANDS (WD Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height: 5'10" Apparent nationality:
Weight: 170. Laundry marks:
Color of eyes: Number of rifle:
Color of hair: Wear glasses?
Race: Is tooth chart attached?

(If possible, have med. pers. take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc.:

Upper Lt. Tooth #1 missing, Upper Rt #4 Missing.
Lower Lt #14 Missing

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.: Probable orgn: US Navy

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

True Copy

/s/ Cpl Michael Sipinskas

(Sig. of officer or other person reporting burial)

J.S. Bryan
1st Lt., GMC

/s/ Capt James R. Wonderlin

(Verified by Army GRS Officer)

RECEIVED
110 MAY 1945

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RESTRICTED

Us fpe 10-65

Graves Registration

Form No. 1

REPORT OF INTERMENT

(Revised May 11, 1943)

(TM 10-630 and AR 30-1815)

Unknown X-6

(Last name) (First) (Initial) (Serial No.) (Rank) (Org.)
Mariveles Bay, Luzon P.I. **16 Feb 1945** **KIA Mine Concussion, drowning**
 (Place of Death) (Date of Death) (Cause of Death)
1345 21 Feb 1945 **USAF Cemetery Mariveles No. 1, Bataan, Luzon P.I.**
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)
109 **4** **1** **Regulation Cross**
 (Grave number) (Row number) (Plot number) (Type of marker)
 Disp. of ident. tags: Buried w/body Yes No Attached to marker Yes No
ROI buried w/body, stamped tag attached to marker. Religion
 (If no identification tags, what means of identification are buried with body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT: **Ruggio, Pasquale A. 11063731 Pfc Co F, 503 Prcht Inf.**
 (Name) (Serial No.) (Rank) (Org.) (Grave No.)

Body buried on LEFT: **Unknown X-5**
 (Name) (Serial No.) (Rank) (Org.) (Grave No.)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)
 List only personal effects FOUND ON BODY and disposition of same:
None.

(21)

RESTRICTED

enc. ii

IF DECEASED UNIDENTIFIED

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Color of eyes: Number of rifle:
Color of hair: Wear glasses?
Race: Is tooth chart attached?

(If possible, have med. pers. take a tooth chart)
In space below, locate and describe any scars,

birthmarks, moles deformities, etc.:

**Upper Lt Tooth #1 missing, Upper Rt #4 Missing.
Lower Lt #14 Missing**

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.: **Probable orgn: US Navy.**

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

True Copy

/s/Cpl Michael Sipinskas

(Sig. of officer or other person reporting burial)

J.S. Bryan
J.S. Bryan

s/Capt James Rucker, Ch.

1st Lt. GWC

(Verified by Army GRS Officer)

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